



1635/8

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PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/840,704	
		Filing Date	April 23, 2001	
		First Named Inventor	DEDHAR, SHOUKAT	
		Group Art Unit	1635	
		Examiner Name	GIBBS, TERRA C.	
Total Number of Pages in This Submission		7	Attorney Docket Number	KINE-001CON2
ENCLOSURES (check all that apply)				
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment / Restriction Election	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
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Signature				
Date	January 16, 2003			

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PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002		Complete if Known																																											
Patent fees are subject to annual revision.		Application Number	09/840,704																																										
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		Attorney Docket No.	KINE-001CON2																																										
TOTAL AMOUNT OF PAYMENT (\$)		55.00																																											
METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
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2. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Fee Code</th><th>Entity (\$)</th><th>Small Fee Code</th><th>Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td></td></tr></tbody></table>		Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)							
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*or number previously paid, if greater; For Reissues, see above.		*Reduced by Basic Filing Fee Paid																																											
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Pamela J. Sherwood	Registration No. (Attorney/Agent)	36,677	Telephone	(650) 327-3400
Signature		Date	01/16/2003		

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